

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/598849

FILING DATE
9-13-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		2				
6	E1					
7	2					
8	1					
9	1					
10	1					
11			1			
12			1			
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48						
49						
50						
TOTAL IND.			1		1	
TOTAL DEP.		1	9	1	9	1
TOTAL CLAIMS			10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				1	1	
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS			10			